

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068176

FILED
Apr 24, 2008
Secretary of State

Entity Name: VETERAN INVESTMENT VENTURES LLC

Current Principal Place of Business:

5326 LEMON TWIST LANE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY #308
WINDERMERE, FL, 34786 US

New Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
#308
WINDERMERE, FL 34786 US

FEI Number: 56-2671237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSADA, RODRIGO
6991 WEST BROWARD BLVD.
SUITE 104
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALOW, JAMES A
Address: 5326 LEMON TWIST LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: PALOW, IRENE
Address: 13750 BLUEBIRD POND ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: PALOW, NICOLE D
Address: 2880B CLUB CORTILE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES PALOW

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date